

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 11 | 1133 | 7/16/01 |
| RESPONSE FORMALITY REVIEW | H2- | 859 | 7/16/01 |

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INDEX OF CLAIMS

| | | |
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| Rejected | N | Non-elected |
| Allowed | I | Interference |
| (Through numeral) ... Cancelled | A | Appeal |
| + | O | Objected |

| Claim | Date |
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| Final | 7-2-94 |
| Original | 7-2-94 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

DR 1/16/01